### 5/13/04

# BEHAVIORAL / ENVIRONMENTAL RISK FACTORS FOR CHILDHOOD DROWNING

## RDD SCREENER

**Sponsored by:** 

National Institute for Child Health and Human Development National Institutes of Health (NIH) Bethesda, Maryland

Westat

### SCREENER INTRO1 – if we DO/DO NOT have an address

Hello. My name is (INTERVIEWER NAME). We are calling residents of your county (COUNTY NAME IF ASKED) about a research study that is being conducted to learn more about how to prevent accidental drownings among children. The study is sponsored by the National Institute of Child Health and Human Development, part of NIH. It will take just a few minutes to find out if your household may be eligible for this important study.

### SCREENER INTRO2 – Answering Machine Message if we DO/DO NOT have an address

Hello, I'm calling from Westat, a research firm in Rockville, Maryland. We are calling residents of your county about a research study to learn more about how to prevent accidental drownings among children. The study is sponsored by the National Institute of Child Health and Human Development, part of NIH. We are asking for your household's participation in this federally sponsored study. We will call you back in the next few days. Thank you.

SC-1.	First, are you a member of this household at least 1	8 yea	ars old?
	SCRN.SHHQUEX1		
	YES	. 1	
	NO	. 2	(ASK FOR SOMEONE WHO IS 18)
SC-2.	Is this phone number for		
	SCRN.SFONEUSE		
	Home use,	. 1	
	Business and home use, or		
	Business use only?		(Thank you very much, but we are only interviewing at residences.)
SC-3.	What is the zip code for this household?		-
	ODE ONLY MATCHES TO ONE COUNTY AND IS A GO TO SC-3A.	A SA	MPLED COUNTY, GO TO SC-4.
SC-3A.	Is this household located in[NOTE: THE RESPONDATCHING THE COUNTY TO THE ZIP CODE SCRN.CNTYVER1		
	SCRN.CNTYVER3 {NAME OF FIRST COUNTY, STATE}, or {NAME OF SECOND COUNTY, STATE}, or another county?		GO TO SC-3B)

[IF COUNTY IS ELIGIBLE, GO TO SC-4. IF COUNTY IS INELIGIBLE, GO TO END.]

	{NAME OF FIRE {NAME OF SEC another county?		TY, STATE}, or	2 3 (G0	O TO END)	
[IF CO	OUNTY IS ELIGIBLE, GO	TO SC-4. II	F COUNTY IS IN	ELIGIBLE, G	O TO END.]	
teenag	NIH is committed to leagers, and we are trying to ling yourself, is there any	identify hou	seholds that may	be eligible for	this research study	
SC-5.		E 20 OR OLI ager under a usually lives n male or fer K AGE IF B	in the household male] [FOR EAC IRTH MONTH/Y	. 2 (VERII UNDE GO TO me their first I but is tempor CH CHILD: V YEAR NOT K	FY THERE IS NO OUR 20. IF THERE IS DEND. ELSE GO TO name only. Please rarily away. [FOR IN WOWN. IF AGE IS NOWN. IF AGE IS NOWN. IF AGE IS NOWN.	NO ONE, O SC-5) be sure to EACH n month
	Child's First Name ENUM. FNAME	Gender ENUM. SEX	Birth Month ENUM. DOBMM	Birth Year ENUM. DOBYYYY	date not	X if Respondent ENUM. SCRESP
1. 2. 3.					-	
4. 5. 6.						
7.						
SC-6.		OUSEHOLD IS CORREC	,	. 1	er age 20 in the hous	sehold. Is

SC-3B. Is this household located in...[THE RESPONSE OPTIONS ARE BASED ON THE PHONE

{NAME OF FIRST COUNTY, STATE}, or

**EXCHANGE**] SCRN.CNTYVER2

SC-7.	Do you have a private swimming pool in your yard or home? Do not include any public, community, or apartment pools. SCRN.POOL
	YES1 (GO TO SC-8)
	NO2 (GO TO SC-9)
SC-8.	Is this pool at least 2 feet deep and permanent? By permanent, I mean pools that are generally not moved or put away.  SCRN.POOLPERM  YES
SC-9.	Since we are conducting this study by phone, I have some questions about the telephone numbers in your household. Besides the telephone number I called, do you have other telephone numbers in your household, not including cell phones? SCRN.SADDPHON
	YES
SC-10.	Including computers and fax phone numbers, how many of these additional phone numbers are for home use? [IF NEEDED: Do not include cell phones.]  SCRN.PHONHUSE  Number:
	[IF 0, GO TO SC-17. IF 1, GO TO SC-11. IF MORE THAN 1, GO TO SC-12]
SC-11.	Is this additional phone number used for a computer or fax machine? SCRN.PHON1FAX
	YES 1 (GO TO SC-12A)
	NO2 (GO TO SC-17)
SC-12.	Of these additional home use phone numbers, how many are used for a computer or fax machine?  SCRN.PHON2FAX
	Number:
[IF 0, G0	O TO SC-17. IF 1, GO TO SC-12A. IF MORE THAN 1, GO TO SC-14]
SC-12A	. Some households have telephone numbers that are used for both talking and for computer or fax. Is this number ever answered for talking?
	SCRN.PH1TALK YES
[IF 0, G0	O TO SC-17; IF 1, GO TO SC-12A; IF MORE THAN 1, GO TO SC-14.]

	SCRN.PHONFAX	ditional phone number	•	
		1 (GO T	TO SC-14)	
		2 (GO 7		
SC-14.		hese computer or fax r	that are used for both talking numbers are ever answered for	
[IF 0, G0	O TO SC-17. IF 1, GC	TO SC-15. IF MORE	THAN 1, GO TO SC-16.]	
SC-15.		fax number answered	for	
	SCRN.PHFX1USE Personal calls,			
		or2 (GO 7		
		3 (GO 7		
SC-16.	-	bers that are answered	d, how many are answered for	non-business related
	calls?			
	SCRN.PHFX2USE			
	NUMBER:			
SC-17.	Thank you very mu If you are selected would like to (confi	ch. Based on this info to participate, we wil	ormation, we may contact you ll mail you additional inform ss. (I have your mailing addre irst name)	ation. At this time,
SC-17.	Thank you very mu If you are selected would like to (confi- your mailing addre	ch. Based on this info to participate, we wil cm/obtain) your address, starting with your fi	ll mail you additional inform ss. (I have your mailing addre irst name)	ation. At this time, ss as/ Please give m
SC-17.	Thank you very mu If you are selected would like to (confi	ch. Based on this info to participate, we wil cm/obtain) your address, starting with your fi	ll mail you additional inform ss. (I have your mailing addre	ation. At this time, ss as/ Please give m
SC-17.	Thank you very mu If you are selected would like to (confi- your mailing addre	to participate, we will mobtain your address, starting with your fi	Il mail you additional inform ss. (I have your mailing addre irst name)  LAST NAME:	ation. At this time, ss as/ Please give m
SC-17.	Thank you very mu If you are selected would like to (confine your mailing address FIRST NAME: # AND STREET:	to participate, we will mobtain your address, starting with your fi	ll mail you additional inform ss. (I have your mailing addre irst name)  LAST NAME:  SCRN.SCRN  APT#:	ation. At this time, ss as/ Please give m  LNAM  SCRN.SCRNAPT
SC-17.	Thank you very mu If you are selected would like to (confing your mailing address FIRST NAME: # AND STREET: CITY:	to participate, we will myour address, starting with your finest.	ll mail you additional inform ss. (I have your mailing addre irst name)  LAST NAME:  SCRN.SCRN  APT#:	ation. At this time, ss as/ Please give m  LNAM  SCRN.SCRNAPT